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**Deinstitutionalization and the
Development of Community
Alternatives for the
Developmentally and Mentally
Disabled: A National Trend?
A Report to the Minnesota
Commission for the
Handicapped**



The major purpose of this study for the Minnesota Commission for the Handicapped has been to discover if there is truly a trend in the various states toward deinstitutionalization. Are the various political and administrative leaders of the various states developing plans that if not explicitly, at least implicitly, indicate a move toward deinstitutionalization:

Two ways that a significant move toward deinstitutionalization in the various states can be determined are: (a) does the projection of the number of major state institutions and the average patient population per institution for the next few years indicate a decrease? And, (B) what are the specific plans for state support for community alternatives to major institutions for the mentally and developmentally disabled?

Although exact projections of the number of developmentally disabled in a state two to five years from now are

difficult to make, they are not impossible. Similarly, it is not impossible to determine what percentage of those persons will, as a matter of state policy, be in major state institutions and what percentage in community alternatives to these institutions. Therefore, to the degree that we can get fairly reliable state projections on the number of state institutions and the number of persons in those institutions, we should have some indication about what the states (at least those high level political and administrative persons within the state making the projections) plan for institutional reform and the development of community alternatives.

However, if states are indicating projections of fewer people in major state institutions, but do not indicate specific plans for the development of community alternatives, then serious questions should be raised about the substance of the policy commitment to deinstitutionalize. Therefore, answers to the questions about specific plans for the development of community alternatives are very important to our understanding of the commitment and policy of the various states to institutional reform.

The above information was sought by developing a very concise questionnaire (see Appendix A) and sending it to the executive directors of the Developmental Disabilities Council of each state and the District of Columbia. Then the recipients of the questionnaire were contacted by telephone to urge that they return the questionnaire. Through this process thirty-three of the questionnaires were returned substantially completed. Although this is not the kind of return desired and planned at the beginning of the study, it does seem sufficient for some conclusions to be drawn.

Findings in the returned questionnaires are:

1. Of the 23 states that indicated projections on the number of major state institutions, only 4 (17%) projected a decrease in the number of major institutions.

2. However, of the 15 states that made projections of average patient population per institution, 13 (87%) projected a decrease in the average patient population per institution. And 79% projected a decrease in the total mentally retarded patient population and 73% projected a decrease in the total mentally ill patient population. But only one of these states

150%
responding

also indicated a decrease in the number of major institutions and that state among all thirty-three states responding was also the only one that indicated a decrease in the total population of developmentally disabled persons.

3. There is a wide range of the percentage of the total population that are developmentally disabled. The percentages range from .48% to 6.09% of the total population. The median for this is 3.72% and the mean is 3.64%. It is not at all clear whether this is a function of inadequate definition of developmentally disabled people or inadequate data collection and interpreting methods in the various states.

4. Most of the states responding (31 out of 33) leave the matter of zoning regulations for group homes and other community facilities to the local governmental units. There is some indication of discussions within some of the states about dire implications of this for community facilities, such as an attorney general's opinion that state funded group homes are exempted from local zoning laws, proposed legislation that would prohibit discrimination and proposed legislation to involve state departments in the local process.

The other two states indicate that group homes with fewer than a specific number of developmentally disabled persons or, specifically, mentally retarded persons (e.g., 6 persons) shall not be subject to local zoning discretion except in regard to health and fire regulations.

5. Over half of the states indicate recent passage of anti-discrimination legislation. Most of this seems to be (explicitly or by administrative or judicial interpretation) part of the general human rights statutes.

6. The two major problems facing the states in the development of community alternatives to institutionalization are (a) overwhelmingly, a lack of money, and, (b) community hostility expressed through local zoning ordinance debate and decisions.

7. Although, 28 of the 33 states indicated that the Developmental Disabilities Council of the state has indeed made an impact on the development of community alternatives, the specific comments of what that impact has been indicate very few concrete results. Some of the illustrative comments

are:

"Yes, but most often in providing seed money and in consciousness raising",

"primary impact in the area of early prevention",

"possible impact in institutional reform when legal study completed"

"produced report [that is the] major guide for implementation of deinstitutionalization",

"advocating for quality, emphasizing normalization concept, conceptualizing continuum of residences",

"serves supportive role to state agency programs",

"public information and educative efforts – primarily affecting community attitudes toward allocation of | federal funding to community boards",

"support to governor and legislature regarding specialized living centers",

"sometimes, sporadically",

"Council has made recommendations to governor, many of which were incorporated in a consent decree.

Among the four states indicating no impact, one listed current objectives, but then stated "the Developmental Disabilities Council has had no impact as yet."

Another state indicated, "The Council is ineffectual".

However, among those few states that indicated some specific

impact, some examples are:

"five group homes started at community level, block rent money to stimulate new services",

"two group homes, one rural, one urban, as models for entire state, several other alternate living arrangement programs have been funded"

"77 grants to community agencies to provide direct services to developmentally disabled as alternatives to institutionalization"

"5 community facilities grants for construction",

"by presenting the needs and describing the limited and conflicting sources of federal support the Department of Social Rehabilitation requested and was granted \$980,000 for the development and support of community residential alternatives"

8, 24 of the responding 33 states indicated that no Housing and Urban Development department monies have been used for community alternatives, Among the eight states indicating that HUD money has indeed been used, below are the comments provided to explain those usages:

"in one location, in process",

"through providing low rent housing for mentally retarded and developmentally disabled adults",

"some usage is presently being negotiated",

"several developmental disability grant projects involved close coordination with HUD and funding from each source was complimentary",

"through support of congregate living facilities for semi-independent developmentally disabled persons".

"since these funds became available has been doing extensive planning for use of these funds. Cities and counties have been gearing up for utilizing these funds to provide resident facilities for the developmentally disabled. In fact, some programs have already been started in existing HUD facilities."

Over two-thirds of the responding states also indicated that they have not only not received monies from HUD but have not been helped in other ways.

9. In only nine states were there budget recommendations specifically for construction of community alternatives in either fiscal year 1975 or 1976. These recommended amounts ranged from seventy-five thousand dollars to twenty-three million dollars. The seventy-five thousand dollar figure represents a \$.02 per capita expenditure and \$.34 per developmentally disabled person in the population and the 23 million dollar figure represents a per capita expenditure of \$2.05 and a per developmentally disabled person expenditure of \$124.32. The range of per capita expenditures are from \$.02 to \$7.91 and the expenditure per developmentally disabled person is from \$.34 to \$263.60. 6 of the 9 states per capita expenditure is less than \$.23 and the per developmentally disabled persons expenditure for these six states is less than \$7.69.

10, None of the responding states indicated money going for the maintenance of the buildings of the community alternatives.

11, Similarly, none of the states indicate any budget recommendations for the maintenance of community alternatives patient care personnel, other than an indication of various federal monies being used.

12, Only three states correctly answered the question on patient care personnel to patient ratios in community facilities. Two of those indicated 1:10 ratios and one indicated 1:8 ratio. (Among those interpreting the question to mean all patients, those in institutions as well as in community facilities, the answers ranged from 1:1 to 1:4.)

13, Below is a list indicating the number of states indicating involvement in various aspects of the development and maintenance of community facilities:

Operation of facilities	7
Licensing	19
Contracting	15
Monitoring	17
Programming	11
Other	4

14. Below is a list which indicates who can or will build facilities in the various states:

State Government	1
County Government	1
City Government	0
Profit Organizations	2
Non Profit Organizations	6
State Non Profit Organizations	6
Profit Non Profit Organizations	6
County Non Profit Organizations	1
County Profit Anon Profit Organizations	2
State County Anon Profit Organizations	1
All Above	2
Other	2

15. In reply to the question on who will operate and program community alternatives, 18 respondents indicated the same as those who will build the facilities and 5 indicated someone other than who will build the facilities.

16. In response to the question of who pays for patient care, most indicate a combination of the state, the county and the parent/guardian. A few states indicate just the state and

the parent/guardian. Almost all of the states indicate various kinds of federal support (Titles XVIII and XIX).

The major conclusion to be drawn from the data gathered in this project is that there is indeed a national trend toward deinstitutionalization. But it is also quite clear that the major thrust of the trend is in, what one Developmental Disabilities Council director called, "consciousness-raising". And most of the actual examples of institutional reform and the development of community alternatives is in (what might be called) the "outskirts of the city".

The "center of town" (to continue this metaphor) is the development and implementation of a policy of moving people from major state institution into residential facilities in the community. (Coupled, obviously, with the development of the necessary supportive community services).

The responses to the question about the impact of the Developmental Disabilities Councils in the various states and to the question regarding descriptions of innovative suggestions from the Governor, legislators or administrative heads indicate this hitting at the periphery. To say that it is peripheral does not mean that it is unimportant. For example, the moves to the development of community alternatives involved many

significant state decisions. Among these are (a) the determination that all or some developmentally disabled persons (in some states, just the mentally retarded) are included under the provisions of state and/or federal regulations regarding assistance in renting or developing housing for low income or handicapped persons; (b) increased state support for daily activity centers, sheltered workshops, and other non-residential community centers? (c) increased state involvement in either urging or providing financial incentive for private industry to assist or hire the handicapped and developmentally disabled; (d) state support for parents who wish to have a constructive development of a disabled individual within their own home; (e) a tightening of state laws and regulations regarding board and care facilities, and, (f) a few indications of minor changes in local zoning ordinances to facilitate the development of both residential and non-residential community facilities.

In addition to the nine states indicating budget recommendations for the construction of community alternatives, there are several other states which have used federal monies (often through the state Developmental Disabilities Councils) as

"seed money" for the private development of residential community facilities and/or supportive services. But, only 3 states have indicated the use of state money for this purpose.

Several states have indicated setting up mechanisms for grants-in-aids for private development of community facilities, the establishment of state bonding authority for the construction of community alternatives, and the development of procedures for giving state loans for the private construction of residential community facilities. But most of these same states do not indicate recommendations for state monies for the use of these new mechanisms.

This brings us to the major conclusion to be drawn from all of this which is that severe pinches on state finances make it very difficult for political leaders to justify (or so they believe) the expenditure of any significant amounts of money to build new community facilities and at the same time close down existing institutional facilities. The returned questionnaires seem to indicate that the limited implementation of a trend of deinstitutionalization and the

development of alternative residential community facilities is more a function of the limitations on state monies than on other factors. Obviously, the concerns of the employees of the present institutions, the concerns of the residents of the towns in which these institutions provide significant financial support, the concerns of political representatives of communities that have a concentration of 'group homes' in their particular area; all of these concerns obviously have some impact. But, it is our interpretation of the comments of the respondents that these only serve to make it more difficult to overcome the primary constraint: not enough state money or an unwillingness to spend state monies.

We acknowledge the invaluable assistance of Jane Belau, Chairperson of the Developmental Disabilities Council of Minnesota; Cliff Miller, Executive Director of the Minnesota Commission for the Handicapped, and his Assistant Director, Dick Ramberg.

The data collection for this project was admirably done by Bernice Flynn, Research Associate, Earl Craig Associates, Inc,

EDC

Appendix A

The Questionnaire

STATE _____ CONTACT PERSON _____ TELEPHONE # _____

	<u>June '75</u>	<u>1976</u>	<u>1977</u>	<u>1980</u>
State Population	_____	_____	_____	_____
# Develop. Disabled Persons	_____	_____	_____	_____
# Major State Institutions	_____	_____	_____	_____
Aver. Patient Pop. per Insti.	_____	_____	_____	_____
Ment. Retarded-total pat. pop.	_____	_____	_____	_____
Ment. Ill- total patient pop.	_____	_____	_____	_____
Chem. Dep.-total patient pop.	_____	_____	_____	_____
Others-total patient popula.	_____	_____	_____	_____

What are the applicable state zoning laws regarding group homes/residential facilities?

Is there relevant anti-discrimination legislation? _____

_____ A human rights statute? _____

What is the greatest problem facing your state in developing alternatives to institutions?

What other barriers to alternative living situations do you see?

Do you feel the Developmental Disabilities Council has made an impact on the development of community alternatives and institutional reform? How?

2.

Has Housing and Urban Development (HUD) money been used for community

alternatives? Has HUD been helpful to you? If so, how? If not, why not?

Brief description of particularly innovative suggestions from or major leadership provided in this field by your governor, legislature or other state official.

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 _____ FY '76 _____

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: _____

B. For maintenance of buildings: FY '75 _____ FY '76 _____

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

D. Proposed direct patient care personnel to patient ration: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities _____ Licensing _____ Contracting _____ Monitoring _____ Programming _____ Other _____
Comment: _____

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations _____
Non-profit organizations _____ Other or mix _____
Comment: _____

4. Who will operate & program community alternatives? Same as those who build _____
Other than those who build _____

5. Who pays for patient care? State _____ County _____ Parent/Guardian _____ Other or mix _____
Comment: _____

What is the mechanism for reimbursement from state? _____

What is minimum parent liability for care (dollars per month)? _____

6. Future of present state institutions? Will some continue to operate? _____ Will some shift to local operation? _____ Who will make that/those decision(s) about local uses? _____
Comment: _____

7. Future of present state employees? Transferred to community alternatives? _____
Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: _____

Below fill in the recommendations regarding community alternatives and institutional reform presented by the State department having responsibility in this area. (Public Welfare, Human Services, Etc.)

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 _____ FY '76 _____

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: _____

B. For maintenance of buildings: FY '75 _____ FY '76 _____

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

D. Proposed direct patient care personnel to patient ration: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities _____ Licensing _____ Contracting _____ Monitoring _____ Programming _____ Other _____
Comment: _____

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations _____
Non-profit organizations _____ Other or mix _____
Comment: _____

4. Who will operate & program community alternatives? Same as those who build _____
Other than those who build _____

5. Who pays for patient care? State _____ County _____ Parent/Guardian _____ Other or mix _____
Comment: _____
What is the mechanism for reimbursement from state? _____

What is minimum parent liability for care (dollars per month)? _____

6. Future of present state institutions? Will some continue to operate? _____ Will some shift to local operation? _____ Who will make that/those decision(s) about local uses? _____
Comment: _____

7. Future of present state employees? Transferred to community alternatives? _____
Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: _____

Appendix B

Several Examples of States' Responses to
the Questions on Pages 3 or 4 of the
Questionnaire

Below fill in the recommendations regarding community alternatives and institutional reform presented by the State department having responsibility in this area. (Public Welfare, Human Services, Etc.)

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 None FY '76 None

Kind of money (yes or no): State grants no Bonding authority no Low-interest state

loans no Local levy no Revenue sharing no Other no Comment: There is nothing to prevent counties and municipalities from using tax funds or revenue-sharing for these purposes if this is their option.

B. For maintenance of buildings: FY '75 none FY '76 none

C. For maintenance of patient care personnel: FY '75 none FY '76 none

D. Proposed direct patient care personnel to patient ration: FY '75 no data FY '76 no data

2. Future role of state government in community facilities (yes or no): Operation of

facilities no Licensing yes Contracting no Monitoring yes Programming no Other yes

Comment: on-going evaluation will be the primary activity.

3. Who builds community facilities? State County City Profit Organizations

Non-profit organizations x Other or mix

Comment: So far, all have been built by private, non-profit agencies

4. Who will operate & program community alternatives? Same as those who build yes

Other than those who build

5. Who pays for patient care? State County Parent/Guardian Other or mix x

State & client or parent Comment: funds from clients' earnings may be applied

What is the mechanism for reimbursement from state?

not establish

What is minimum parent liability for care (dollars per month)?

6. Future of present state institutions? Will some continue to operate? yes Will some

shift to local operation? no data Who will make that/those decision(s) about local uses?

Comment:

7. Future of present state employees? Transferred to community alternatives?

Retraining by state? yes Other (e.g., early retirement, attrition, hiring freeze)?

Comment: all general assembly has mandated no institutional closings for the present

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 0 FY '76 0

Kind of money (yes or no): State grants Bonding authority Low-interest state loans Local levy Revenue sharing Other Comment:

B. For maintenance of buildings: FY '75 FY '76 So. Ser -

C. For maintenance of patient care personnel: FY '75 So. Ser. Appropriation's FY '76

D. Proposed direct patient care personnel to patient ratio: FY '75 ? FY '76 ?

2. Future role of state government in community facilities (yes or no) Operation of facilities ✓ Licensing Contracting Monitoring Programming Other

Comment:

3. Who builds community facilities? State ✓ County City Profit Organizations

Non-profit organizations ✓ Other or mix

Comment: all no-body - slow development w/o/p

4. Who will operate & program community alternatives? Same as those who build yes

Other than those who build

5. Who pays for patient care? State ✓ County ✓ Parent/Guardian Other or mix

Comment: tax

What is the mechanism for reimbursement from state? purch. & ser.

What is minimum parent liability for care (dollars per month)?

6. Future of present state institutions? Will some continue to operate? yes Will some

shift to local operation? Who will make that/those decision(s) about local uses?

Comment:

7. Future of present state employees? Transferred to community alternatives?

Retraining by state? Other (e.g., early retirement, attrition, hiring freeze)?

Comment: changing ratios tells us probably little change.

NOTE: These comments are not decisions of the legislature nor recommendations of the Governor. They will, however, give some insight into this area of our program.

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about; Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 _____ FY '76 _____

Kind of money (yes or no): State grants Yes Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing Yes Other _____ Comment: Limited State Grants-in-Aid is sometimes available to assist in construction.

B. For maintenance of buildings: FY '75 Not known. FY '76 _____

C. For maintenance of patient care personnel: FY '75 Not known FY '76 _____

D. Proposed direct patient care personnel to patient ratio: FY '75 Not known FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities No Licensing Yes Contracting Yes Monitoring Yes Programming No Other _____ Comment: Technical assistance such as staff training, etc.

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations _____ Non-profit organizations X Other or mix _____

Comment: The State agency does not build community facilities but sometimes extends Grants-in-Aid to assist such projects.

4. Who will operate & program community alternatives? Same as those who build X _____ Other than those who build _____

5. Who pays for patient care? State _____ County _____ Parent/Guardian _____ Other or mix X _____

Comment: _____

What is the mechanism for reimbursement from state? Question is not clear.

What is minimum parent liability for care (dollars per month)? Variable

6. Future of present state institutions? Will some continue to operate? Yes Will some shift to local operation? No Who will make that/those decision(s) about local uses? Not known Comment: _____

7. Future of present state employees? Transferred to community alternatives? _____

Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____

Comment: No change anticipated in status of State employees.

Below fill in the recommendations regarding community alternatives and institutional reform presented by the State department having responsibility in this area. (Public Welfare, Human Services, Etc.)

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 0 FY '76 ?

Kind of money (yes or no): State grants Bonding authority Low-interest state loans Local levy No Revenue sharing No Other Fed. Comment: For renovation of existing housing

B. For maintenance of buildings: FY '75 FY '76

C. For maintenance of patient care personnel: FY '75 FY '76

D. Proposed direct patient care personnel to patient ration: FY '75 FY '76

2. Future role of state government in community facilities (yes or no): Operation of facilities Licensing Yes Contracting Yes Monitoring Yes Programming Other
Comment:

3. Who builds community facilities? State County City Profit Organizations
Non-profit organizations Other or mix
Comment:

4. Who will operate & program community alternatives? Same as those who build
 Other than those who build x

5. Who pays for patient care? State x County Parent/Guardian x Other or mix x
Comment: Greatest proportion State

What is the mechanism for reimbursement from state?

 What is minimum parent liability for care (dollars per month)?

6. Future of present state institutions? Will some continue to operate? Yes Will some shift to local operation? Who will make that/those decision(s) about local uses?
Comment:

7. Future of present state employees? Transferred to community alternatives? x
Retraining by state? x Other (e.g., early retirement, attrition, hiring freeze)?
x Comment: All

Below fill in the recommendations regarding community alternatives and institutional reform presented by the State department having responsibility in this area. (Public Welfare, Human Services, Etc.)

1. Budget Recommendations (in dollars, where applicable).

- A. For construction of community alternatives: FY '75 0 FY '76 0
A community construction request for FY 75-76 was not determined high priority and thus not
Kind of money (yes or no): State grants Bonding authority Low-interest state funds

loans x Local levy Revenue sharing x Other Comment: Many dollars, through
local appropriations, fund drives, etc., go into construction at the local level; however
we have no read on the amounts.

- B. For maintenance of buildings: FY '75 FY '76
information not available

- C. For maintenance of patient care personnel: FY '75 FY '76
information not available

- D. Proposed direct patient care personnel to patient ratio: FY '75 FY '76
varies according to type of facility; overall average of 1:4

2. Future role of state government in community facilities (yes or no): Operation of
facilities yes Licensing yes Contracting yes Monitoring yes Programming yes Other Con-
sultation; technical assistance.
Comment:

3. Who builds community facilities? State x County x City Profit Organizations
Non-profit organizations x Other or mix Multi-county area programs
Comment:

4. Who will operate & program community alternatives? Same as those who build yes
 Other than those who build

5. Who pays for patient care? State x County x Parent/Guardian x Other or mix mix
donations, federal benefit
programs Comment:

What is the mechanism for reimbursement from state? Monthly Reimbursement to provider
facility What is minimum parent liability for care (dollars per month)? 0
Charges are based on ability to pay, service not denied for inability to pay.

6. Future of present state institutions? Will some continue to operate? x Will some
shift to local operation? Who will make that/those decision(s) about local uses?
Management system of local, regional, and state mental health
Comment:

7. Future of present state employees? Transferred to community alternatives?
Retraining by state? Other (e.g., early retirement, attrition, hiring freeze)?
 Comment: It is anticipated that employees will remain at the institution in
order to meet JCAH Standards. In fact, it may be necessary to employ additional staff
in certain areas.

fill in the recommendations regarding community alternatives and institutional ,
presented by the State department having responsibility in this area. ic Welfare.
Human Services. Etc.)

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 None FY '76 None

Kind of money (yes or no): State grants Bonding authority Low-interest state
loans Local levy Revenue sharing Other Comment:

B. For maintenance of buildings: FY '75 None FY '76

C. For maintenance of patient care personnel: FY '75 FY '76
\$40,000 estimate per group

D. Proposed direct patient care personnel to patient ration: FY '75 4 - 1 FY '76 4 - 1

2. Future role of state government in community facilities (yes or no): Operation of
Partially
facilities No Licensing Yes Contracting Yes Monitoring Yes Programming / Other

Comment:

3. Who builds community facilities? State County City Profit Organizations

Non-profit organizations X Other or mix

Comment: Group homes for the mentally retarded are currently being leased, not built, and
nursing homes (existing) are being purchased, not built.

4. Who will operate & program community alternatives? Same as those who build
Community organizations with SCDMR
 Other than those who build training and guidance - sponsorship

5. Who pays for patient care? State X County Parent/Guardian X Other or mix

SSI - ICF-MR Comment: Some deinstitutionalization dollars

What is the mechanism for reimbursement from state? Vendor contract and reasonable fee

 What is minimum parent liability for care (dollars per month)? Unknown

6. Future of present state institutions? Will some continue to operate? Yes Will some
Expansion of community programs
shift to local operation? / Who will make that/those decision(s) about local uses?
SCDMR Commission with his designees,
i.e. Regional Superintendents Comment:
and central office staff

7. Future of present state employees? Transferred to community alternatives?

Retraining by state? Other (e.g., early retirement, attrition, hiring freeze)?

Comment: Plans for expansion of community programming does not do away with
need of existing employees in residential centers

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 4.5 million FY '76 —

Kind of money (yes or no): State grants — Bonding authority — Low-interest state loans — Local levy — Revenue sharing — Other — Comment: State appropriation

B. For maintenance of buildings: FY '75 — FY '76 —

C. For maintenance of patient care personnel: FY '75 — FY '76 —

D. Proposed direct patient care personnel to patient ration: FY '75 — FY '76 —

2. Future role of state government in community facilities (yes or no): Operation of facilities X Licensing X Contracting X Monitoring X Programming X Other —

Comment: —

3. Who builds community facilities? State — County — City — Profit Organizations — Non-profit organizations — Other or mix X

Comment: —

4. Who will operate & program community alternatives? Same as those who build X Other than those who build —

5. Who pays for patient care? State — County — Parent/Guardian — Other or mix X

Comment: —

What is the mechanism for reimbursement from state? —

What is minimum parent liability for care (dollars per month)? 0

6. Future of present state institutions? Will some continue to operate? X Will some shift to local operation? X Who will make that/those decision(s) about local uses?

Div of MH & MR Comment: —

7. Future of present state employees? Transferred to community alternatives? —

Retraining by state? X Other (e.g., early retirement, attrition, hiring freeze)? —

Comment: attrition

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 0 FY '76 0

Kind of money (yes or no): State grants Bonding authority Low-interest state loans Local levy Revenue sharing Other Comment: The state budget addresses only the funding of the state institutions.

B. For maintenance of buildings: FY '75 FY '76

C. For maintenance of patient care personnel: FY '75 FY '76

D. Proposed direct patient care personnel to patient ration: FY '75 FY '76

2. Future role of state government in community facilities (yes or no): Operation of facilities no Licensing yes Contracting no Monitoring yes Programming yes Other

Comment: Community facilities are not operated or directly controlled or funded by the state.

3. Who builds community facilities? State County City Profit Organizations X Non-profit organizations X Other or mix

Comment: Answer applies to residential facilities.

4. Who will operate & program community alternatives? Same as those who build X Other than those who build Some state participation in programing.

5. Who pays for patient care? State X County X Parent/Guardian X Other or mix Federal Government Comment: Mostly Medi-Cal and SSI.

What is the mechanism for reimbursement from state? Medi-Cal composed of state and federal funds. What is minimum parent liability for care (dollars per month)? 0, if adults, otherwise, mixed

6. Future of present state institutions? Will some continue to operate? yes Will some shift to local operation? no Who will make that/those decision(s) about local uses? Fiscal constraints make it impractical for Comment: state facilities to be operated on the local level.

7. Future of present state employees? Transferred to community alternatives? no Retraining by state? Other (e.g., early retirement, attrition, hiring freeze)?

Comment: No future hospital closures are projected - Previous hospital closures resulted in employee transfers, and reduction in the work force through attrition.

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

*A. For construction of community alternatives: FY '75 _____ FY '76 _____

Kind of money (yes or no): State grants X Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: _____

*Legislature allocated \$1,500,000 for FY 1975 for Community MR Services, no specification as to how they're allocated.

*B. For maintenance of buildings: FY '75 _____ FY '76 _____

*C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

*D. Proposed direct patient care personnel to patient ratio: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities X Licensing X Contracting X Monitoring X Programming _____ Other _____
Comment: _____

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations X
Non-profit organizations X Other or mix _____
Comment: _____

4. Who will operate & program community alternatives? Same as those who build X
Other than those who build _____

5. Who pays for patient care? State X County X Parent/Guardian X Other or mix _____
Comment: _____

What is the mechanism for reimbursement from state? None

What is minimum parent liability for care (dollars per month)? None

6. Future of present state institutions? Will some continue to operate? Yes Will some shift to local operation? ? Who will make that/those decision(s) about local uses? State MR Administration based on feedback from State Council, District Council and consumers. Comment: _____

7. Future of present state employees? Transferred to community alternatives? _____
Retraining by state? Yes Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: _____

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about:
Legislature Governor

(both)

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 2,105,000 FY '76 Expected to increase substantially
Kind of money (yes or no): State grants yes Bonding authority Low-interest state loans Local levy Revenue sharing Other yes Comment: Federal/state allocation for planning, renovations, and staff in five facilities to meet I.C.F. standards.

B. For maintenance of buildings: FY '75 Not available FY '76 Not available

C. For maintenance of patient care personnel: FY '75 Not available FY '76 Not available

D. Proposed direct patient care personnel to patient ration: FY '75 NA FY '76 NA

2. Future role of state government in community facilities (yes or no): Operation of facilities yes Licensing yes Contracting yes Monitoring yes Programming yes Other yes
Comment:

3. Who builds community facilities? State no County yes City no Profit Organizations yes
Non-profit organizations yes Other or mix yes
Comment:

4. Who will operate & program community alternatives? Same as those who build yes
 Other than those who build yes - both -

5. Who pays for patient care? State yes County yes Parent/Guardian yes Other or mix yes
Comment:

What is the mechanism for reimbursement from state? Direct and through local community mental health service boards.
 What is minimum parent liability for care (dollars per month)? - 0 -

6. Future of present state institutions? Will some continue to operate? yes Will some shift to local operation? no Who will make that/those decision(s) about local uses?
Comment:

7. Future of present state employees? Transferred to community alternatives?
Retraining by state? Other (e.g., early retirement, attrition, hiring freeze)?
Comment: All of the above, as appropriate.

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable). 980,000 FY 1975
1.2 million FY 1976
- A. For construction of community alternatives: FY '75 no FY '76 no

Kind of money (yes or no): State grants _____ Bonding authority X Low-interest state loans _____ Local levy X Revenue sharing X Other _____ Comment: _____

- B. For maintenance of buildings: FY '75 ✓ FY '76 ✓
- C. For maintenance of patient care personnel: FY '75 ✓ FY '76 ✓
- D. Proposed direct patient care personnel to patient ration: FY '75 ✓ FY '76 ✓

2. Future role of state government in community facilities (yes or no): Operation of facilities no Licensing yes Contracting ? Monitoring yes Programming yes Other _____
- Comment: _____

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations ✓
- Non-profit organizations ✓ Other or mix _____
- Comment: _____

4. Who will operate & program community alternatives? Same as those who build yes
- Other than those who build _____

5. Who pays for patient care? State ✓ County ✓ Parent/Guardian ✓ Other or mix Fed
- Comment: _____

What is the mechanism for reimbursement from state? rate determined after review of budget costs. What is minimum parent liability for care (dollars per month)? none for adults.

6. Future of present state institutions? Will some continue to operate? ✓ Will some shift to local operation? no Who will make that/those decision(s) about local uses? Dept. of SPS
- Comment: _____

7. Future of present state employees? Transferred to community alternatives? no
- Retraining by state? possibly Other (e.g., early retirement, attrition, hiring freeze)?
- Comment: _____

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable). \$980,000.00 FY 1975
1.2 Million FY 1976
- A. For construction of community alternatives: FY '75 No FY '76 No
- Kind of money (yes or no): State grants Bonding authority X Low-interest state loans Local levy X Revenue sharing X Other X Comment:
-
- B. For maintenance of buildings: FY '75 X FY '76 X
- C. For maintenance of patient care personnel: FY '75 X FY '76 X
- D. Proposed direct patient care personnel to patient ration: FY '75 X FY '76 X
2. Future role of state government in community facilities (yes or no): Operation of facilities NO Licensing Yes Contracting? Monitoring Yes Programming Yes Other
- Comment:
3. Who builds community facilities? State County City Profit Organizations X
- Non-profit organizations XX Other or mix
- Comment:
4. Who will operate & program community alternatives? Same as those who build Yes
- Other than those who build
5. Who pays for patient care? State X County X Parent/Guardian X Other or mix Federal
- Comment:
- What is the mechanism for reimbursement from state? rate determined after review of
- budget costs What is minimum parent liability for care (dollars per month)? for adul
 none
6. Future of present state institutions? Will some continue to operate? Yes Will some shift to local operation? No Who will make that/those decision(s) about local uses? Department of SRS
- Comment:
7. Future of present state employees? Transferred to community alternatives? No
- Retraining by state? Possibly Other (e.g., early retirement, attrition hiring freeze)?
- Comment:

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).*

A. For construction of community alternatives: FY '75 23 Mill. FY '76 11.3

Kind of money (yes or no): State grants _____ Bonding authority X Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other X Comment: _____
General Revenue

B. For maintenance of buildings: FY '75 State FY '76 Local Communities

C. For maintenance of patient care personnel: FY '75 Local Authority FY '76 Local Community

D. Proposed direct patient care personnel to patient ration: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities No Licensing Yes Contracting Yes Monitoring Yes Programming Yes Other _____

Comment: _____

3. Who builds community facilities? State X County _____ City _____ Profit Organizations _____

Non-profit organizations X Other or mix _____

Comment: In FY 75 the State will, for the first time, build and finance and then turn over to communities, five 50-100 bed residential facilities for severely disabled individs.

4. Who will operate & program community alternatives? Same as those who build No

Other than those who build will be turned over to communities

5. Who pays for patient care? State X County _____ Parent/Guardian _____ Other or mix X
Mainly 3rd party, Public Aid, SSI, Insurance, Medicare

Comment: _____

What is the mechanism for reimbursement from state? 0 - 17 - directly to the provider.

What is minimum parent liability for care (dollars per month)? UNK

6. Future of present state institutions? Will some continue to operate? Yes Will some

shift to local operation? No Who will make that/those decision(s) about local uses? Governor & Legislature & Communities

Comment: Five Year Plan required to show any change of this type.

7. Future of present state employees? Transferred to community alternatives? Recommended

Retraining by state? No Other (e.g., early retirement, attrition, hiring freeze)?

Comment: It appears institutions will remain but generally serving clients who are severely and profoundly handicapped.

* Of the 23 million, 15 is for construction, site acquisition and equipment. 8 million is for private care placements and community living facilities. The 15 million is a one time cost

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 \$100,000 FY '76 Same

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: State funds

allotted to bureau

B. For maintenance of buildings: FY '75 local funds FY '76 SSS

C. For maintenance of patient care personnel: FY '75 None FY '76 _____

D. Proposed direct patient care personnel to patient ratio: FY '75 1-8 FY '76 1-8

2. Future role of state government in community facilities (yes or no): Operation of facilities N Licensing Y Contracting N Monitoring only give permission Programming Y Other Y

Comment: Supportive services - Homekeeper, Transp. Rtc, Legal & Prot, Inf & Referral

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations _____

Non-profit organizations ✓ Other or mix _____

Comment: _____

4. Who will operate & program community alternatives? Same as those who build 7

Other than those who build Non-profit orgs

5. Who pays for patient care? State _____ County _____ Parent/Guardian _____ Other or mix _____

SSI - Supp Sec, Inc Comment: _____

See Sec Adm. X state supp matched w that
What is the mechanism for reimbursement from state? flat funding base rate

& cap plus - What is minimum parent liability for care (dollars per month)? ?

3 mo. reimbursement

6. Future of present state institutions? Will some continue to operate? yes Will some

shift to local operation? No Who will make that/those decision(s) about local uses?

state Comment: Some used in local operation

7. Future of present state employees? Transferred to community alternatives? layoffs

Retraining by state? 1 Other (e.g., early retirement, attrition, hiring freeze)?

Comment: embryonic at this point nothing

Result of budget cuts

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 \$75,000 FY '76 _____

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing XX Other _____ Comment: State Board of Liquidations.

B. For maintenance of buildings: FY '75 \$15,561,560 FY '76 _____

C. For maintenance of patient care personnel: FY '75 \$21,370,352 FY '76 _____

D. Proposed direct patient care personnel to patient ration: FY '75 Personnel - 1.22
Clients - FY '76
1.10

2. Future role of state government in community facilities (yes or no): Operation of facilities XX Licensing XX Contracting XX Monitoring XX Programming XX Other _____
Comment: _____

3. Who builds community facilities? State XX County _____ City _____ Profit Organizations _____
Non-profit organizations XX Other or mix _____
Comment: _____

4. Who will operate & program community alternatives? Same as those who build _____
Other than those who build State Division of Mental Retardation

5. Who pays for patient care? State XX County _____ Parent/Guardian XX Other or mix _____
Comment: Small "sliding-scale" fees.

What is the mechanism for reimbursement from state? Contracts with facilities.
What is minimum parent liability for care (dollars per month)? _____

6. Future of present state institutions? Will some continue to operate? Yes. Will some shift to local operation? _____ Who will make that/those decision(s) about local uses?
Comment: _____

7. Future of present state employees? Transferred to community alternatives? _____
Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: Will be where they are now and federal regulations will add to their ranks.

Below fill in the decisions of the legislature regarding community alternatives and * institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 16,720,419 FY '76 _____
Kind of money (yes or no): State grants Yes Bonding authority _____ Low-interest state
loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: Capital
Improvement Funds (340 monies)

B. For maintenance of buildings: FY '75 _____ FY '76 _____

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

D. Proposed direct patient care personnel to patient ration: FY '75 1 - 2.97 FY '76 1.297

2. Future role of state government in community facilities (yes or no): Operation of
facilities No Licensing Yes Contracting Yes Monitoring Yes Programming No Other _____
Comment: _____

3. Who builds community facilities? State _____ County Yes City _____ Profit Organizations _____
Non-profit organizations Yes Other or mix County and private non-profit
Comment: (State does provide grants for construction of community facilities.)

4. Who will operate & program community alternatives? Same as those who build Yes
Other than those who build _____

5. Who pays for patient care? State Yes County Yes Parent/Guardian Yes Other or mix Yes
Comment: _____

What is the mechanism for reimbursement from state? Purchase of service
(761 monies) What is minimum parent liability for care (dollars per month)? Varies

6. Future of present state institutions? Will some continue to operate? Yes Will some
shift to local operation? No Who will make that/those decision(s) about local uses?
Comment: All will continue to operate.

7. Future of present state employees? Transferred to community alternatives? _____
Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: No immediate change anticipated in M.R. institutions.

* For M.R. institutions ONLY

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

- A. For construction of community alternatives: FY '75 \$300,000 FY '76 \$300,000
Kind of money (yes or no): State grants ☒ Bonding authority ☐ Low-interest state loans ☐ Local levy ☐ Revenue sharing ☐ Other ☐ Comment: _____
- B. For maintenance of buildings: FY '75 _____ FY '76 _____
- C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____
- D. Proposed direct patient care personnel to patient ration: FY '75 _____ FY '76 _____
2. Future role of state government in community facilities (yes or no): Operation of facilities ☒ Licensing ☒ Contracting ☒ Monitoring ☒ Programming ☒ Other ☐
Comment: _____
3. Who builds community facilities? State ☒ County ☒ City ☒ Profit Organizations ☒
Non-profit organizations ☒ Other or mix _____
Comment: _____
4. Who will operate & program community alternatives? Same as those who build yes with State & local government ☐ Other than those who build _____
ments
5. Who pays for patient care? State ☒ County ☒ Parent/Guardian ☒ Other or mix _____
Comment: Federal sources such as SSI, also
What is the mechanism for reimbursement from state? Programmatically awarded
What is minimum parent liability for care (dollars per month)? 0
6. Future of present state institutions? Will some continue to operate? ☒ Will some shift to local operation? ☐ Who will make that/those decision(s) about local uses? Virginia DMH&MR
Comment: _____
7. Not applicable
Future of present state employees? Transferred to community alternatives? _____
Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: _____

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 _____ FY '76 _____

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: _____

Our current budget for community alternatives is \$11,000,000

B. For maintenance of buildings: FY '75 _____ FY '76 _____

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

D. Proposed direct patient care personnel to patient ratio: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities yes Licensing yes Contracting yes Monitoring yes Programming yes Other _____

Comment: Not currently operating facilities now but in future may be operating community programs.

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations X

Non-profit organizations _____ Other or mix _____

Comment: We are not constructing facilities.

4. Who will operate & program community alternatives? Same as those who build _____

See #3 Other than those who build _____

5. Who pays for patient care? State yes County yes Parent/Guardian yes Other or mix _____

Comment: _____

State approved programs are funded through counties.
What is the mechanism for reimbursement from state? _____

What is minimum parent liability for care (dollars per month)? \$.00

6. Future of present state institutions? Will some continue to operate? yes Will some shift to local operation? yes Who will make that/those decision(s) about local uses? Legislature

Comment: _____

7. Future of present state employees? Transferred to community alternatives? yes

Retraining by state? yes Other (e.g., early retirement, attrition, hiring freeze)? not in current plans.

Comment: _____

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 _____ FY '76 _____

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: _____

Our current budget for community alternatives is \$11,000,000

B. For maintenance of buildings: FY '75 _____ FY '76 _____

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

D. Proposed direct patient care personnel to patient ratio: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities yes Licensing yes Contracting yes Monitoring yes Programming yes Other _____

Comment: Not currently operating facilities now but in future may be operating community programs.

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations X

Non-profit organizations _____ Other or mix _____

Comment: We are not constructing facilities.

4. Who will operate & program community alternatives? Same as those who build _____

See #3 Other than those who build _____

5. Who pays for patient care? State yes County yes Parent/Guardian yes Other or mix _____

Comment: _____

State approved programs are funded through counties.
What is the mechanism for reimbursement from state? _____

What is minimum parent liability for care (dollars per month)? \$.00

6. Future of present state institutions? Will some continue to operate? yes Will some shift to local operation? yes Who will make that/those decision(s) about local uses?

Legislature Comment: _____

7. Future of present state employees? Transferred to community alternatives? yes

Retraining by state? yes Other (e.g., early retirement, attrition, hiring freeze)? not in current plans.

Comment: _____

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For ^(MAINTAINING) construction of community alternatives: FY '75 120,000,000 FY '76 120,000,000

Kind of money (yes or no): State grants X Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: _____

B. For maintenance of buildings: FY '75 _____ FY '76 _____

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____

D. Proposed direct patient care personnel to patient ratio: FY '75 _____ FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities _____ Licensing X Contracting X Monitoring X Programming _____ Other _____

Comment: _____

3. Who ^(Establishes) builds community facilities? State X County _____ City _____ Profit Organizations _____ Non-profit organizations X Other or mix _____

Comment: _____

4. Who will operate & program community alternatives? Same as those who build Non-Profit Org. Other than those who build _____

5. Who pays for ^(REHAB./HABILITATION) patient care? State X County _____ Parent/Guardian _____ Other or mix X

Fed-Social Services Comment: _____

What is the mechanism for reimbursement from state? PURCHASE CONTRACTS

What is minimum parent liability for care (dollars per month)? N.A.

6. Future of present state institutions? Will some continue to operate? All Will some shift to local operation? NO Who will make that/those decision(s) about local uses? GOVERNOR

Comment: INSTITUTIONS ARE GOVERNED BY THE 5 EXECUTIVE OFFICIALS.

7. Future of present state employees? Transferred to community alternatives? _____

Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____

Comment: NO CHANGE

Below fill in the recommendations regarding community alternatives and institutional reform presented by the State department having responsibility in this area. (Public Welfare, Human Services, Etc.)

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 - 0 - FY '76 - 0 -

Kind of money (yes or no): State grants _____ Bonding authority _____ Low-interest state loans _____ Local levy _____ Revenue sharing _____ Other _____ Comment: See Comment

on No. 3 below

B. For maintenance of buildings: FY '75 - 0 - FY '76 - 0 -

C. For maintenance of patient care personnel: FY '75 _____ FY '76 _____ *

D. Proposed direct patient care personnel to patient ration: FY '75 _____ FY '76 _____ **

2. Future role of state government in community facilities (yes or no): Operation of

facilities _____ Licensing X Contracting X Monitoring X Programming _____ Other _____

Comment: Assistance in meeting accreditation standards

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations _____

Non-profit organizations _____ Other or mix X

Comment: Community residences are usually leased or purchased with funds in * below or from local funds

4. Who will operate & program community alternatives? Same as those who build _____

Other than those who build See No. 2 above

5. Who pays for patient care? State _____ County _____ Parent/Guardian _____ Other or mix X

Comment: See * below

What is the mechanism for reimbursement from state? Quarterly payments based on

reports What is minimum parent liability for care (dollars per month)? N/A

6. Future of present state institutions? Will some continue to operate? _____ Will some

shift to local operation? _____ Who will make that/those decision(s) about local uses?

Comment: No information at this time

7. Future of present state employees? Transferred to community alternatives? _____

Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____

Comment: No information at this time

* In the departmental budget for purchase of residential care from non-profit organizations: FY '75 \$776,719 FY '76 \$815,556

** Ratio dependent on patient functioning level.

Below fill in the decisions of the legislature regarding community alternatives and institutional reform. If the legislature has not acted, then fill in the recommendations of the governor. Circle which you are answering about: Legislature Governor

1. Budget Recommendations (in dollars, where applicable).

A. For construction of community alternatives: FY '75 none FY '76 none

Kind of money (yes or no): State grants no Bonding authority no Low-interest state loans no Local levy no Revenue sharing no Other _____ Comment: no construction planned-utilization of existing structures where facilities considered

B. For maintenance of buildings: FY '75 unknown FY '76 _____

C. For maintenance of patient care personnel: FY '75 unknown FY '76 _____

D. Proposed direct patient care personnel to patient ration: FY '75 unknown FY '76 _____

2. Future role of state government in community facilities (yes or no): Operation of facilities no Licensing yes Contracting yes Monitoring yes Programming yes Other _____
Comment: will probably continue to contract with private non-profit agencies

3. Who builds community facilities? State _____ County _____ City _____ Profit Organizations _____
Non-profit organizations _____ Other or mix _____
Comment: existing structures utilized - state/Federal monies

4. Who will operate & program community alternatives? Same as those who build State/Local agencies Other than those who build _____

5. Who pays for patient care? State X County X Parent/Guardian X Other or (mix) X
Comment: primarily Federal money, some state

What is the mechanism for reimbursement from state? _____

What is minimum parent liability for care (dollars per month)? variable

6. Future of present state institutions? Will some continue to operate? yes Will some shift to local operation? yes Who will make that/those decision(s) about local uses? regional plans and committees will determine needs the institution should
Comment: address. Governor, legislature, MR. Dir.

7. Future of present state employees? Transferred to community alternatives? _____
Retraining by state? _____ Other (e.g., early retirement, attrition, hiring freeze)? _____
Comment: not presently under consideration